



Complete Summary

TITLE

Radiology - timeliness of verifying reports: percent of imaging reports verified within two days.

SOURCE(S)

Office of Quality and Performance (10Q). FY 2005 VHA executive career field network director performance measurement system and JCAHO hospital core measures. Technical manual. Washington (DC): Veterans Health Administration (VHA); 2005 Mar 9. 244 p.

Measure Domain

PRIMARY MEASURE DOMAIN

Process

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the [Measure Validity](#) page.

SECONDARY MEASURE DOMAIN

Does not apply to this measure

Brief Abstract

DESCRIPTION

This measure assesses the percent of imaging reports verified within two days.

RATIONALE

Radiological findings that are not communicated promptly often result in delayed treatment, or failure to treat at all. When important findings are reported late, the clinician who requested the study is less likely to be on service, and the patient is less likely to be actively seen in the clinic or inpatient setting. This results in findings that are lost to follow-up. Furthermore, when abnormalities go uncommunicated, such as a non-displaced fracture that was missed by the emergency room (ER) physician, the patient suffers needlessly. Miscommunication of results is the most common cause of radiology related litigation.

Depending upon local parameters, CPRS* reports are not visible until the report is signed. In addition, abnormal finding alerts are only issued at the time of verification.

Radiology reporting affects several important performance factors. Completion of reports is obviously an issue of timeliness of care, patient safety, and third party billing.

The process of communication is directly assessed by the indicator. It is actionable at the facility level. Possible actions include improved workflow practices, increased diligence in signing reports, contracts for more responsive transcription services, remote access to VistA** for part time radiologists, use of voice recognition software, use of PACS***, use of tele-radiology, and correction of staffing deficiencies. Furthermore, management reports exist that allow the facilities to identify unread studies on a daily basis, and to interpret them in time to significantly change the level of performance. Prospects for improvement are significant. This is an area that has not been universally monitored before.

*CPRS: Computerized Patient Record System

**VistA: Veterans Health Information System and Technology Architecture, computer system/database used at the Medical Center

***PACS: Picture Archiving and Communications System

PRIMARY CLINICAL COMPONENT

Radiology; imaging report verification; timeliness

DENOMINATOR DESCRIPTION

Number of reports expected for imaging procedures performed during quarter (see the related "Denominator Inclusions/Exclusions" field in the Complete Summary)

NUMERATOR DESCRIPTION

The number of reports from the denominator verified within 2 days (48 hours) after registration of procedure (see the related "Numerator Inclusions/Exclusions" field in the Complete Summary)

Evidence Supporting the Measure

EVIDENCE SUPPORTING THE CRITERION OF QUALITY

- A formal consensus procedure involving experts in relevant clinical, methodological, and organizational sciences

Evidence Supporting Need for the Measure

NEED FOR THE MEASURE

Use of this measure to improve performance
Variation in quality for the performance measured

EVIDENCE SUPPORTING NEED FOR THE MEASURE

Office of Quality and Performance (10Q). FY 2005 VHA executive career field network director performance measurement system and JCAHO hospital core measures. Technical manual. Washington (DC): Veterans Health Administration (VHA); 2005 Mar 9. 244 p.

State of Use of the Measure

STATE OF USE

Current routine use

CURRENT USE

External oversight/Veterans Health Administration
Internal quality improvement

Application of Measure in its Current Use

CARE SETTING

Ambulatory Care
Ancillary Services
Hospitals

PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Physicians

LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Single Health Care Delivery Organizations

TARGET POPULATION AGE

Unspecified

TARGET POPULATION GENDER

Either male or female

STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

Characteristics of the Primary Clinical Component

INCIDENCE/PREVALENCE

Unspecified

ASSOCIATION WITH VULNERABLE POPULATIONS

Unspecified

BURDEN OF ILLNESS

Unspecified

UTILIZATION

Unspecified

COSTS

Unspecified

Institute of Medicine National Healthcare Quality Report Categories

IOM CARE NEED

Getting Better
Living with Illness
Staying Healthy

IOM DOMAIN

Safety
Timeliness

Data Collection for the Measure

CASE FINDING

Users of care only

DESCRIPTION OF CASE FINDING

Number of reports expected for imaging procedures performed during quarter among all patients (inpatients and outpatients) who receive radiology or nuclear medicine procedures not designated "Vascular Lab"

DENOMINATOR SAMPLING FRAME

Patients associated with provider

DENOMINATOR INCLUSIONS/EXCLUSIONS

Inclusions

Number of reports expected for imaging procedures performed during quarter*

*Note:

- The number of reports may be smaller than the number of Current Procedure Terminology (CPT) codes or number of case numbers. Case numbers can be grouped together by print sets, all members of the set sharing the same report (e.g., computed tomography (CT) of chest, abdomen and pelvis may have three CPT codes, but one common report).
- Reports expected: Number of procedures for cases registered and not cancelled during a specified time period.
- Procedure Performed: Patient registered and examination status is not "cancelled."
- Procedure: A case with its own report or several cases that share a report. The number of procedures determines the number of expected reports.

Exclusions

- Non-count clinics are excluded from this measure.
- Vascular laboratory procedures* are excluded from this measure.

*Refer to the original measure documentation for vascular laboratory procedure definition.

DENOMINATOR (INDEX) EVENT

Diagnostic Evaluation

DENOMINATOR TIME WINDOW

Time window is a single point in time

NUMERATOR INCLUSIONS/EXCLUSIONS

Inclusions

The number of reports from the denominator verified within 2 days (48 hours) after registration of procedure*

*Note:

- This is a rolling calculation. The verification time of each report is calculated with respect to the registration time of that procedure.
- Registration Time: Time at which the technologist or clerk runs the registration routine of the Veterans Health Information System and Technology Architecture (Vista - computer system/database used at the Medical Center) radiology package. The clerk selects an order for

the patient. Vista returns a case number that is later used to index the report. Registration is performed just prior to the procedure, after the order is made and before Current Procedure Terminology (CPT) codes are assigned.

- Verification Time: Time at which the radiologist electronically signs the report.
- Number Verified: Number of reports with status "verified" for procedures not cancelled, verified in a given time span from time from registration, for procedures performed within given date range.

Exclusions
Unspecified

NUMERATOR TIME WINDOW

Fixed time period

DATA SOURCE

Administrative data

LEVEL OF DETERMINATION OF QUALITY

Individual Case

PRE-EXISTING INSTRUMENT USED

Unspecified

Computation of the Measure

SCORING

Rate

INTERPRETATION OF SCORE

Better quality is associated with a higher score

ALLOWANCE FOR PATIENT FACTORS

Unspecified

STANDARD OF COMPARISON

Internal time comparison
Prescriptive standard

PRESCRIPTIVE STANDARD

Fiscal year (FY) 2005 targets for Radiology Reports Verified in 2 Days:

- Meets Target: 90%
- Exceeds Target: 95%

EVIDENCE FOR PRESCRIPTIVE STANDARD

Office of Quality and Performance (10Q). FY 2005 VHA executive career field network director performance measurement system and JCAHO hospital core measures. Technical manual. Washington (DC): Veterans Health Administration (VHA); 2005 Mar 9. 244 p.

Evaluation of Measure Properties

EXTENT OF MEASURE TESTING

Unspecified

Identifying Information

ORIGINAL TITLE

Radiology - timeliness of verifying reports.

MEASURE COLLECTION

[Fiscal Year \(FY\) 2005: Veterans Health Administration \(VHA\) Performance Measurement System](#)

DEVELOPER

Veterans Health Administration

ADAPTATION

Measure was not adapted from another source.

RELEASE DATE

2003 Nov

REVISION DATE

2005 Mar

MEASURE STATUS

Please note: This measure has been updated. The National Quality Measures Clearinghouse is working to update this summary.

SOURCE(S)

Office of Quality and Performance (10Q). FY 2005 VHA executive career field network director performance measurement system and JCAHO hospital core measures. Technical manual. Washington (DC): Veterans Health Administration (VHA); 2005 Mar 9. 244 p.

MEASURE AVAILABILITY

The individual measure, "Radiology - Timeliness of Verifying Reports," is published in "FY 2005 VHA Performance Measurement System: Technical Manual."

For more information contact:

Department of Veterans Affairs
Office of Quality and Performance (10Q)
ATTN: Bonny Collins, E-mail: bonny.collins@va.gov or
Lynnette Nilan, E-mail: lynnette.nilan@va.gov

NQMC STATUS

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